



REVISED MARCH 2013

What You Should Know if You Need Medicare-covered Equipment or Supplies

Information about the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program

Starting in July 2013, Medicare is scheduled to expand the competitive bidding program to more areas of the country. This program changes the amount Medicare pays for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and makes changes to which suppliers Medicare will pay to supply these items to you.

The program replaces the outdated, inflated fee-schedule prices Medicare is currently paying with lower, more accurate prices. Under this program, suppliers submit bids to provide certain medical equipment and supplies at a lower price than what Medicare now pays for these items. Medicare uses these bids to set the amount it will pay for those equipment and supplies under the competitive bidding program. Qualified, accredited suppliers with winning bids are chosen as Medicare contract suppliers. The program:

- Helps you and Medicare save money
- Ensures that you have access to quality medical equipment, supplies, and services from suppliers you can trust
- Helps limit fraud and abuse in the Medicare Program

If you have Original Medicare, live in one of the competitive bidding areas, and use equipment or supplies included under the program (or get the items while visiting a competitive bidding area), you generally must use Medicare contract suppliers if you want Medicare to help pay for the item. If you live in one of the areas where the program is expanding and you're renting oxygen or certain other durable medical equipment at the time the program starts, you'll be able to continue renting these items from your current supplier if that supplier becomes a contract supplier or decides to participate in the program as a "grandfathered" supplier. If you live in (or get these items while visiting) these areas and don't use a Medicare contract or a grandfathered supplier, Medicare won't pay for the item, and you may have to pay full price. **It's important to know if you're affected by this program to make sure Medicare will help pay for your item and to avoid any disruption of service.**



Who will be affected by this program, and in what areas?

Round 1 of this program is already in effect in certain ZIP codes in these states:

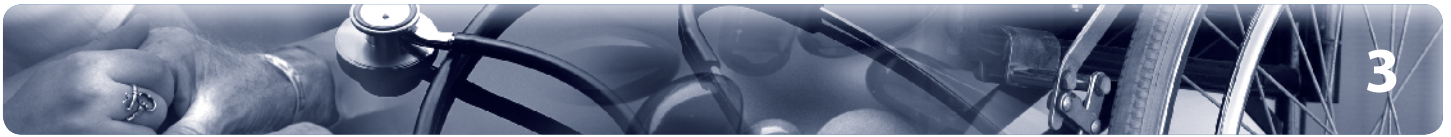
California, Florida, Indiana, Kansas, Kentucky, Missouri, North Carolina, Ohio, Pennsylvania, South Carolina, and Texas. The **items** included in the Round 1 areas are:

- Oxygen, oxygen equipment, and supplies
- Standard power wheelchairs, scooters, and related accessories
- Complex rehabilitative power wheelchairs and related accessories (Group 2 only)
- Enteral nutrients, equipment, and supplies
- Continuous positive airway pressure (CPAP) devices, respiratory assist devices (RADs), and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories
- Support surfaces (Group 2 mattresses and overlays in Miami-Fort Lauderdale-Pompano Beach only)

Round 2 is scheduled to start in July 2013. You may be affected by this program if you live in (or get competitive bid items while visiting) certain ZIP codes in the areas below and on page 3.

Midwest	Northeast
Akron, OH	Albany-Schenectady-Troy, NY
Chicago-Joliet-Naperville, IL-IN-WI	Allentown-Bethlehem-Easton, PA-NJ
Columbus, OH	Boston-Cambridge-Quincy, MA-NH
Dayton, OH	Bridgeport-Stamford-Norwalk, CT
Detroit-Warren-Livonia, MI	Buffalo-Niagara Falls, NY
Flint, MI	Hartford-West Hartford-East Hartford, CT
Grand Rapids-Wyoming, MI	New Haven-Milford, CT
Huntington-Ashland, WV-KY-OH	New York-Northern New Jersey-Long Island, NY-NJ-PA
Indianapolis-Carmel, IN	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
Milwaukee-Waukesha-West Allis, WI	Poughkeepsie-Newburgh-Middletown, NY
Minneapolis-St. Paul-Bloomington, MN-WI	Providence-New Bedford-Fall River, RI-MA
Omaha-Council Bluffs, NE-IA	Rochester, NY
St. Louis, MO-IL	Scranton-Wilkes-Barre, PA
Toledo, OH	Springfield, MA
Wichita, KS	Syracuse, NY
Youngstown-Warren-Boardman, OH-PA	Worcester, MA

Check www.medicare.gov/supplier in Spring 2013 to find out if your ZIP code is affected. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



South

Asheville, NC	Knoxville, TN
Atlanta-Sandy Springs-Marietta, GA	Lakeland-Winter Haven, FL
Augusta-Richmond County, GA-SC	Little Rock-North Little Rock-Conway, AR
Austin-Round Rock-San Marcos, TX	Louisville/Jefferson County, KY-IN
Baltimore-Towson, MD	McAllen-Edinburg-Mission, TX
Baton Rouge, LA	Memphis, TN-MS-AR
Beaumont-Port Arthur, TX	Nashville-Davidson-Murfreesboro-Franklin, TN
Birmingham-Hoover, AL	New Orleans-Metairie-Kenner, LA
Cape Coral-Fort Myers, FL	North Port-Bradenton-Sarasota, FL
Charleston-North Charleston-Summerville, SC	Ocala, FL
Chattanooga, TN-GA	Oklahoma City, OK
Columbia, SC	Palm Bay-Melbourne-Titusville, FL
Deltona-Daytona Beach-Ormond Beach, FL	Raleigh-Cary, NC
El Paso, TX	Richmond, VA
Greensboro-High Point, NC	San Antonio-New Braunfels, TX
Greenville-Mauldin-Easley, SC	Tampa-St. Petersburg-Clearwater, FL
Houston-Sugar Land-Baytown, TX	Tulsa, OK
Jackson, MS	Virginia Beach-Norfolk-Newport News, VA-NC
Jacksonville, FL	Washington-Arlington-Alexandria, DC-VA-MD-WV

West

Albuquerque, NM	Phoenix-Mesa-Glendale, AZ
Bakersfield-Delano, CA	Portland-Vancouver-Hillsboro, OR-WA
Boise City-Nampa, ID	Sacramento-Arden-Arcade-Roseville, CA
Colorado Springs, CO	Salt Lake City, UT
Denver-Aurora-Broomfield, CO	San Diego-Carlsbad-San Marcos, CA
Fresno, CA	San Francisco-Oakland-Fremont, CA
Honolulu, HI	San Jose-Sunnyvale-Santa Clara, CA
Las Vegas-Paradise, NV	Seattle-Tacoma-Bellevue, WA
Los Angeles-Long Beach-Santa Ana, CA	Stockton, CA
Oxnard-Thousand Oaks-Ventura, CA	Tucson, AZ
	Visalia-Porterville, CA

The **items** included in the **Round 2 program** are below:

- Oxygen, oxygen equipment, and supplies
- Standard (power and manual) wheelchairs, scooters, and related accessories
- Enteral nutrients, equipment, and supplies
- Continuous Positive Airway Pressure (CPAP) devices, respiratory assist devices (RADs), and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories
- Negative Pressure Wound Therapy pumps and related supplies and accessories
- Support surfaces (Group 2 mattresses and overlays)

When will Medicare announce the Round 2 contract suppliers?

Medicare plans to announce the Round 2 contract suppliers in the Spring of 2013. Medicare will list the contract suppliers on www.medicare.gov/supplier. You'll also be able to call 1-800-MEDICARE (1-800-633-4227) for help finding a contract supplier. TTY users should call 1-877-486-2048.

When Round 2 starts, do I have to get any new supplies or equipment that I need from a Medicare contract supplier?

If the equipment or supplies ordered by your doctor or treating health care provider are included in the competitive bidding program where you live or visit, you generally must get your equipment or supplies from a Medicare contract supplier for Medicare to pay for the item. However, in certain cases, your doctor or treating health care provider can sometimes supply these:

- A walker or folding manual wheelchair to you when you're getting other medical care even if he or she isn't a Medicare contract supplier.
- If you're hospitalized and need a walker or folding manual wheelchair, the hospital can supply you these items while you're admitted or on the day you're discharged from the hospital.

You may also be able to continue to rent some types of medical equipment from your current supplier, if that supplier chooses to be a "grandfathered" supplier. In these situations, Medicare will still help you pay for these items.

I live in a ZIP code that will be part of this program when it starts. Do I have to change suppliers if I'm already renting equipment from a supplier that isn't a Medicare contract supplier?

If you're already renting certain medical equipment or receiving oxygen or oxygen equipment that's paid on a monthly basis when the program starts, you may be able to stay with your current supplier. Suppliers that aren't Medicare contract suppliers can elect to become "grandfathered" suppliers. This means a supplier may continue to rent equipment to you if you were renting the equipment when the program starts. This rule applies only to oxygen, oxygen equipment and certain rented equipment. You may continue using the "grandfathered" supplier until the rental period for your equipment ends. If you start renting additional equipment from a "grandfathered" supplier after the program starts, Medicare won't pay for the new equipment. If you're renting equipment that's eligible for grandfathering, your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a "grandfathered" supplier.



What about medical equipment and supplies I get from my doctor or hospital?

Medicare will pay for certain items, like a walker or folding manual wheelchair furnished by your doctor or treating health care provider (including physician assistants, clinical nurse specialists, and nurse practitioners), even if he or she isn't a Medicare contract supplier, as long as the item is supplied in the office during a visit for medical care and is medically necessary. If you're hospitalized and need a walker or folding manual wheelchair, Medicare will also pay for these items furnished by the hospital while you're admitted or on the day you're discharged from the hospital.

Am I affected if I'm in a Medicare Advantage Plan?

The competitive bidding program applies to Original Medicare only. If you're enrolled in a Medicare Advantage Plan (like an HMO or PPO), your plan will let you know if your supplier is changing. If you're not sure, contact your plan.

Do I have to change doctors?

No. The program doesn't affect which doctors you can use.

What if I need a specific brand of item or supply?

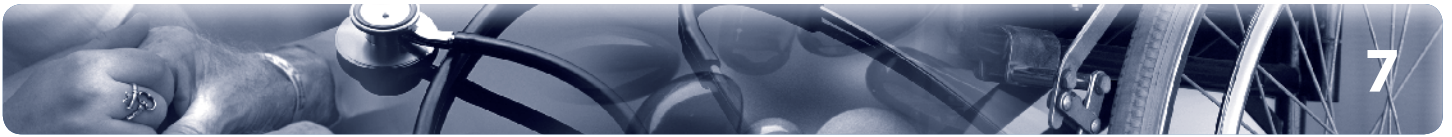
The competitive bidding program has special protections to make sure you get the specific types of medical equipment you need to protect your health. If you need a specific brand of equipment or supplies, or you need an item in a specific form, your doctor must prescribe the specific brand or form in writing. Your doctor must also document in your medical record that you need this specific item or supply for medical reasons. In these situations, a Medicare contract supplier is required to furnish the exact brand or form of item you need, help you find another contract supplier that offers that brand or form, or work with your doctor to find an alternate brand or form that's safe and effective for you.

What if I travel to one of the areas included in this program and need to get medical equipment or supplies?

If you travel to an area included in the program, you must get any medical equipment or supplies included in the program from a Medicare contract supplier.

If you permanently live in...	And travel to...	You may go to...
An area participating in the program	A different area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area participating in the program	An area NOT participating in the program	Any Medicare-approved supplier
An area NOT participating in the program	An area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area NOT participating in the program	An area NOT participating in the program	Any Medicare-approved Supplier

* If you don't use a Medicare contract supplier, the supplier may ask you to sign an "Advance Beneficiary Notice." This notice says Medicare probably won't pay for the item or service. The supplier may require you to pay for the full cost of the item.



If I travel to one of the areas in this program, will I pay the same amount I pay at home?

Your out-of-pocket costs will be the same as when you're at your permanent home. You'll still be responsible for paying the 20% coinsurance after meeting your yearly Part B deductible. It's important to know that for any equipment or supplies that are included in the competitive bidding program, the Medicare contract supplier can't charge you more than the 20% coinsurance and any unmet yearly deductible. If you suspect that you're paying more coinsurance than the Medicare-allowed amount, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

How does Medicare pay for equipment or supplies if I have other insurance?

If your primary insurance policy requires you to use a supplier that doesn't participate in the program, Medicare may make a secondary payment to that supplier. The supplier must meet Medicare enrollment standards and be eligible to get secondary payments. For more information, check with your benefits administrator, insurer, or plan provider.

What's the National Mail-Order Program for diabetic testing supplies?

Starting July 2013, Medicare will also implement a national mail-order program for diabetic testing supplies. The national mail-order program will include all parts of the U.S., including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa.

Where can I get more information about the DMEPOS Competitive Bidding Program?

For more information, visit www.medicare.gov/supplier, or call 1-800-MEDICARE.

SECTION

Rights and Protections

6

What if I have a complaint?

You may file a complaint with your supplier. The supplier must let you know they received your complaint and are investigating it within 5 calendar days. Within 14 days, the supplier must send you the result and their response in writing. You may also make a complaint by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Complaints that can't be resolved by a 1-800-MEDICARE customer service representative will be referred to the appropriate office.

Are there rules for how Medicare contract suppliers can advertise?

Yes. The same marketing rules and regulations for Original Medicare apply to the new competitive bidding program. For example, suppliers can't misuse symbols, emblems, or names in reference to Social Security or Medicare.

In addition, Medicare has specific standards for marketing to people with Medicare. Suppliers can't make unsolicited contact with you (that is, by telephone, computer, email, instant messaging, or in person) about supplying a Medicare-covered item unless one of the following applies:

- You have given written permission to the supplier to contact you about a Medicare-covered item that you need to rent or purchase.
- The supplier is coordinating delivery of the item.
- The supplier is contacting you about furnishing a Medicare-covered item other than a covered item you already have, and the supplier has furnished at least one covered item to you during the previous 15-month period.

Are there rules for how Medicare contract suppliers can advertise? (continued)

For more information about your rights and protections, visit <http://go.usa.gov/low> to view the booklet, “Your Medicare Rights and Protections,” or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What other rules must Medicare contract suppliers follow?

All Medicare contract suppliers have to meet special competitive bidding program requirements, Federal quality standards and state licensure requirements, be in good standing with Medicare, and be accredited by an Independent Accreditation Organization. Here are some of the rules Medicare contract suppliers must follow:

- They must accept assignment for all contract items. This means they cannot charge you more than the Medicare-approved amount.
- They must offer the same brands of equipment to Medicare and non-Medicare customers.
- They must make competitively bid items and supplies available throughout the entire competitive bidding area.
- They can only furnish equipment that meets all applicable Food and Drug Administration regulations, effectiveness, and safety standards.
- They must maintain equipment according to manufacturer’s guidelines.
- They must furnish all equipment using educated professionals who meet applicable licensure requirements.
- They must make available a competent professional to provide or arrange for necessary repairs or replacement of existing equipment.
- They must furnish safe operating equipment that is consistent with the doctor’s prescription.
- They must provide appropriate instructions and training on the safe use and maintenance of the equipment.
- They must be aware of changes in your medical needs and work together with your doctor.

What other rules must Medicare contract suppliers follow? (continued)

Note: If you use **respiratory equipment**, your contract supplier must also do the following:

- Provide access to respiratory services 24 hours a day, 7 days a week
- Make sure that all equipment is provided by educated professionals who follow nationally recognized guidelines for safe and effective patient care

If you use respiratory equipment and need assistance, a knowledgeable professional will come to your home, if necessary, to provide additional equipment or to troubleshoot issues with existing equipment.

Can a Medicare contract supplier work with other suppliers to get what I need?

Your Medicare contract supplier may work with other suppliers (sub-contractors) to provide you and other customers with certain services, like delivering or installing equipment. Your Medicare contract supplier (not the sub-contractor) should deal with you directly when making arrangements for services.

Sub-contractors shouldn't market to you directly. If you have questions about the sub-contractor, talk to your Medicare contract supplier. You can find their telephone number by visiting www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Who do I contact if I don't think a supplier is following these rules?

If you don't think a supplier is following these rules, you can file a complaint with the Competitive Acquisition Ombudsman. The Competitive Acquisition Ombudsman must respond to individual and supplier inquiries, issues, and complaints.

The Ombudsman reviews the concerns raised by people with Medicare through 1-800-MEDICARE and through your State Health Insurance Assistance Program (SHIP).

Visit www.medicare.gov/Ombudsman/resources.asp for information on inquiries and complaints, activities of the Ombudsman, and what people with Medicare need to know.